

**A BRIEF SYNOPSIS OF RISK ASSESSMENT SCREENING TOOLS  
FOR FRONTLINE PROFESSIONALS  
RESPONDING TO INTIMATE PARTNER VIOLENCE**



by

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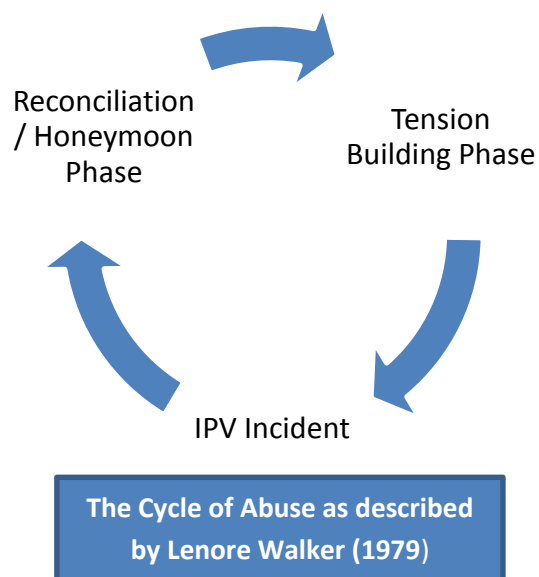


## RISK ASSESSMENT FOR INTIMATE PARTNER VIOLENCE: AN OVERVIEW OF RISK ASSESSMENT PRACTICES

### WHAT IS INTIMATE PARTNER VIOLENCE?

In New Brunswick, a common definition of domestic and intimate partner violence (IPV) has been developed and used by various agencies, including the 2012 New Brunswick Crime Prevention and Reduction Strategy within which IPV is a targeted priority (Province of New Brunswick, 2012). This definition is consistent with the description used by the Specialized Domestic Violence Court in Moncton and by prosecution services of the Attorney General's Office (*Attorney General of New Brunswick, 2006*). Consistent with the broader IPV literature (Campbell, 2002; Whitaker & Lutzker, 2009), the province of New Brunswick has defined domestic and intimate partner violence as occurring:

*"When a person who is currently or previously in an intimate personal relationship uses abusive, threatening, harassing or violent behaviour as a means to psychologically, physically, sexually or financially coerce, dominate and control the other member of the relationship".* Province of New Brunswick, 2012, p. 10).



Like all other forms of violent and non-violent crime, it is beneficial to reliably predict if, and when, these crimes might occur, who is most likely to engage in these behaviours (i.e., who is at highest risk), and who is most likely to be targeted by the behaviour so that effective strategies can be put in place to minimize this risk.

### WHAT IS RISK ASSESSMENT?

Risk assessment involves the objective assessment of whether an adverse event (i.e., an incident of IPV) will occur in the future. In the context of IPV, this involves making probabilistic estimates about how likely a person is to engage in IPV behaviour in the future.

Assessments of risk typically require the assessor to examine a variety of factors related to a person's past behaviour, as well as aspects of their current functioning and their life context. Judgments of risk are often based on risk factors, which are characteristics or conditions of a person or a situation that makes an individual more likely to commit antisocial behaviours. Risk factors are often divided into two separate categories: static and dynamic.

### Static Factors

Historical factors that are statistically tied to an individual's offending behaviour. Because they are fixed or historical in nature, these factors cannot change over time (e.g., gender, criminal history, history of substance abuse).

### Dynamic Factors

Risk factors that are potentially changeable and have the ability to fluctuate over time or as a result of intervention (e.g., current substance abuse problems, hostility).

Dynamic risk factors can be further divided into *acute* and *stable* dynamic risk factors. Acute risk factors include an individual's current psychological state (e.g., anger, subjective distress) or situational factors (e.g., being intoxicated, arguing with intimate partner). Stable dynamic risk factors include factors that are changeable over longer periods of time, such as having a recent history of substance abuse issues, being unemployed, or having procriminal attitudes, etc. In order to evaluate the presence and relevance of these risk factors, the assessor should have access to collateral information in addition to the self-report of the parties involved to maximize the accuracy of the assessment and the risk situation (Campbell, French & Gendreau, 2009; Fogel, 2009).

#### TYPES OF RISK ASSESSMENT TOOLS

Risk assessment for general and violent behaviour has undergone several evolutions in terms of practice and method. Currently, a number of instruments exist for assessing risk for general and violent recidivism (including tools to assess risk for specific types of violence, such as IPV). These tools emphasize different risk factors and can lead decision makers to different conclusions depending on the tool used (Andrews & Bonta, 2007). Thus, it is important to have an understanding about the strengths and weakness of each tool in terms of its intended population of use, the nature of the risk factors assessed, the information required to evaluate those factors, and the outcomes that can be predicted based on the tool (Campbell et al., 2009).



The following are general categories of criminal and violent risk decision methods that have been developed over the years:

1. **Unstructured Professional Judgment** – Historically, these types of judgments were our first form of risk decision-making. They represent subjective decisions about an individual's dangerousness based on the evaluator's previous experience, intuition, and/or training. The estimates of risk are based on the assessor's personal judgment of what is important in a particular case, rather than emphasizing empirically-supported risk-relevant information. Some of these subjective factors identified as relevant risk often have very little to do with predicting the violent behaviour when tested in research (e.g., presence of a mental health disorder; Andrews & Bonta, 2010). These types of unstructured judgments also lead to inconsistency in decision-making across similar cases because different decision rules and thresholds are applied to very similar cases, often with no consideration of the actual base rate of the predicted behaviour. Research has consistently demonstrated that these unstructured risk decisions are often no better than chance in predictive accuracy when it comes to assessing the risk of violence (Grove, & Meehl, 1996; Monahan, 1981).

## 2. Score-based Assessments

**Purely Actuarial tools** – The evolution of risk assessment moved away from unstructured professional judgment towards factors that were more actuarial and scientific in their foundation. The content of these risk tools are purely based on risk factors that are often static, but statistically related to the outcome of interest (e.g., criminal history and its relationship to recidivism). Actuarial tools can be used to derive a quantifiable risk score based on set rules of interpretation. Actuarial tools are significantly more accurate in predicting risk than unstructured professional judgment (Andrews, Bonta, & Wormith, 2006). However, because there is no emphasis on dynamic factors, these tools do not capture how risk can change over time as a result of an offender changing his/her behaviour or participating in interventions. These tools are atheoretical and solely based on statistical relationships; thus, they do not always have a clear theoretical link to criminal behaviour. Although purely actuarial tools cannot identify criminogenic needs to targets by means of intervention to reduce risk, they can inform decisions about the level of required supervision.

**Actuarial-Theoretically Driven “Risk-Need” tools** – To address the shortcomings of purely actuarial tools, risk assessment evolved into tools that included both static and dynamic factors to capture how risk can change over time. These tools include important static factors but also include other theoretically relevant factors that explain how they contribute to criminal behaviour and the offender’s current situation. In this way, these tools help professionals better target the factors most impacting on an individual’s risk by means of intervention and supervision. Tools that incorporate dynamic factors are slightly more effective at predicting risk of violence in the community compared to those that rely primarily on static factors (i.e., actuarial tools; Campbell et al., 2009).

3. **Structured professional judgment-based (SPJ) assessments** – These tools are theoretically driven and include both static and dynamic factors. Risk judgments based on SPJ risk tools, however, are not based on a score. Instead, the assessor reviews risk factors with established links to violent behaviour, and he/she weighs salient risk factors as being present, possibly present/uncertain, or not present. A final risk level of low, moderate, or high is made once all relevant factors have been considered. Research has found that well trained professionals who use SPJ tools are able to generate risk predictions that are comparable, but may have slightly less predictive accuracy, than actuarial based instruments (Bowen, 2011; Pederson, Rasmussen, & Elsass, 2010). Some professionals remain uncomfortable with the amount of subjectivity required to make risk decisions using SPJ measures (Serin et al., 2011).

### **UNDERSTANDING HOW RISK DECISIONS CAN IMPACT THE DESIGN OF INTERVENTION**

Risk assessment can help individuals make informed decisions about how to proceed with the appropriate intervention; one that is matched to that offender’s criminal and rehabilitation needs which are known to have directly impacted on his or her antisocial behaviour (i.e., IPV). One evidence-based model that is used to systematically inform the rehabilitation of offenders (including those committing IPV) is the Canadian-developed **Risk-Need-Responsivity Model** (RNR) by Andrews and Bonta (2010). There are three basic principles to this model: Risk, Need, and Responsivity.

The Risk principle highlights who to target.

The Need principle highlights what to target.

The Responsivity principle highlights how to target.

The **Risk principle** says that a person's risk of recidivism can be reliably predicted using empirically-supported risk assessment tools (like the ones to be discussed in this document). The level of intervention an individual receives should be matched to the identified risk level (i.e., a low-risk offender should receive low-level services, whereas a high-risk offender should receive intensive services).

The **Need principle** states that it is important to assess and target factors that are directly tied to an individual's criminal behaviour in an intervention. These needs are often referred to as criminogenic needs, and represent primarily dynamic risk factors that are directly linked to criminal behavior based on extensive research. According to this research, there are eight risk factors that have the strongest influence on whether a person is likely to commit more general crimes. These criminogenic needs are known as the "Central 8" (see Table 1). Although each of these risk factors is important, it is often the cumulative effect that most strongly impacts recidivism risk rather than any one factor. There are exceptions, however, in which a particularly salient risk factor may be elevated in terms of its impact on risk for an individual case. Risk assessment tools provide an objective and systematic way to weigh the importance of these, and other case-specific risk factors. Some non-criminogenic needs are often targeted in interventions with the goal of risk reduction (e.g., self-esteem, depression), but the outcome will be less effective because they are not targeting factors directly tied to the criminality. Table 1 contains a summary of the empirically supported criminogenic needs, and commonly targeted non-criminogenic needs.

*Studies show that the best predictors of future general and violent behaviour are those identified through research (Hanson, Helmus, & Bourgon, 2007), and can inform case management planning to reduce this risk (Andrews, Bonta, & Wormith, 2006).*

**Table 1**

'CENTRAL 8' CRIMINOGENIC NEEDS MORE LIKELY TO LEAD TO RISK REDUCTION IF TARGETED IN INTERVENTION		NON-CRIMINOGENIC NEEDS LESS LIKELY TO LEAD TO RISK REDUCTION IF TARGETED IN INTERVENTION
Criminal History	Substance Abuse	Emotional distress (e.g., Depressed feelings)
Antisocial Thinking Patterns	Poor Use of Leisure Time	Major Mental Disorder (e.g., Schizophrenia)
Antisocial Personality Traits	Poor education or job history	Poor physical health/inactivity
Antisocial Friends/Peers or Absence of Prosocial Peers	Problems with family/marital relationships	Self-esteem

The final principle is the **Responsivity principle** and represents factors associated with the offender that can influence his/her potential for achieving positive intervention gains. This principle is subdivided into *General Responsivity* and *Specific Responsivity*. General Responsivity calls for the use of evidence-based interventions that have been shown to reduce criminal behaviour. These types of interventions typically include cognitive-behavioural and social learning strategies for changing behaviour. Specific Responsivity refers to the need to tailor interventions to maximize a person's strengths and capabilities while also accommodating

weaknesses or barriers (e.g., learning disabilities, intellectual level, motivation, or mental health issues).

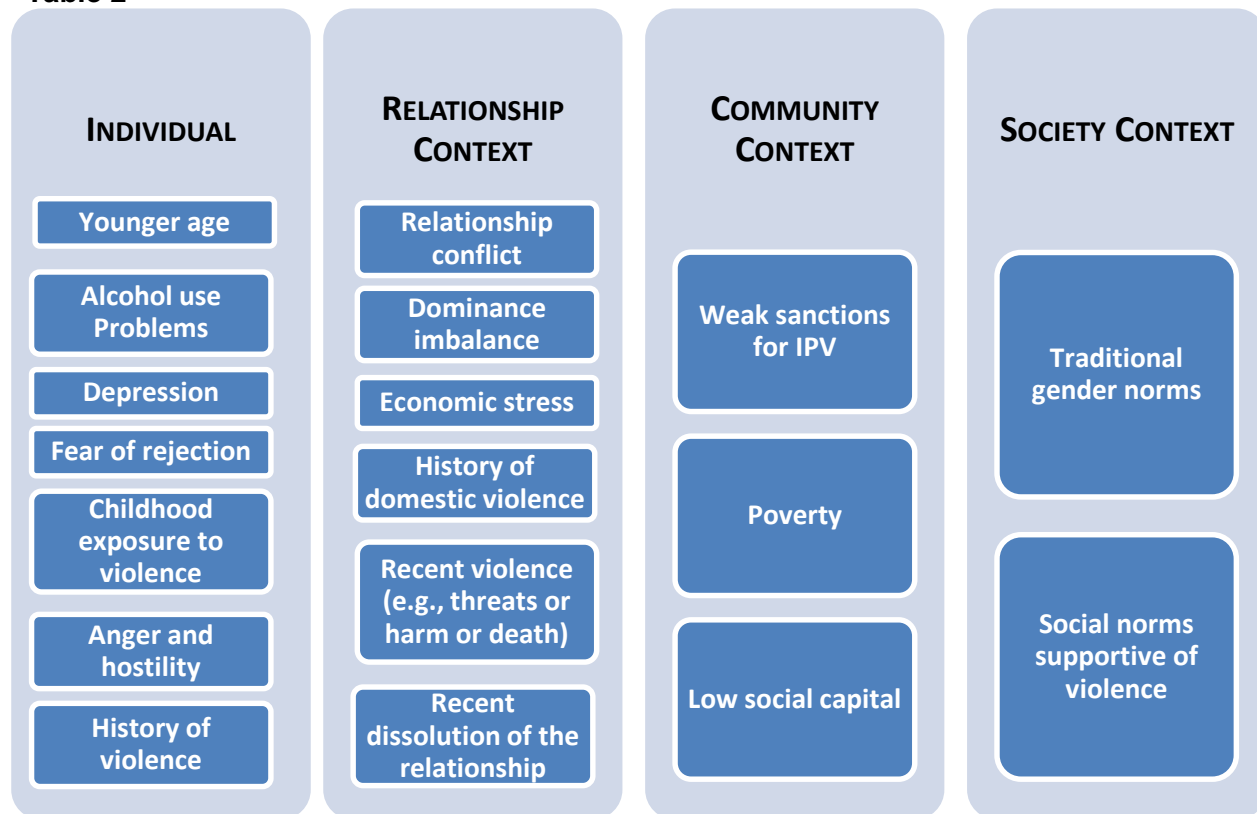
The RNR principles of risk and need have been extensively empirically tested, with research showing that matching intervention intensity to the appropriate level of risk leads to positive outcomes (i.e., reduced recidivism). The more of these principles that are adhered to in a case management plan, the greater the reductions in recidivism risk. In addition, inappropriate matches of intervention to risk level and criminogenic needs have been found to produce negative outcomes (i.e., placing low-risk offenders in intensive services can actually increase their risk for recidivism; Lowenkamp, Latessa, & Hostlinger, 2006). Adherence to all three principles of the RNR model show the most positive effects for interventions, especially if they are delivered in community-based settings (Andrews & Dowden, 2010).

### **WHAT ARE THE SPECIFIC RISK FACTORS FOR IPV?**

Risk assessment for IPV involves predicting whether continued episodes of violence will occur. Decisions regarding risk can help improve the protection and support of victims of domestic violence, as well as develop more effective and targeted interventions for the perpetrators.

Risk assessment for IPV is based on multiple risk factors that have been empirically tied to IPV (Grann & Wedin, 2002; Hilton et al., 2004; Kingsnorth, 2006; Robinson, 2006, Serin et al., 2011). Examples of these risk factors are shown in Table 2.

**Table 2**



*Table adapted from Serin et al. (2011).*

### **BENEFITS OF IPV RISK ASSESSMENT TOOLS (MOSER, 2012; ROEHL ET AL., 2005)**

- When used by front-line professionals (e.g., police officers, outreach staff, shelters, social services, mental health), these tools can identify high risk situations for IPV and lead to informed response strategies and raise awareness about the risk of IPV.
- Provides a means of consistently and accurately “flagging” moderate to high risk IPV cases for monitoring
- Assess the level of danger that is posed to the victim(s)
- Reduce the risk of repeated victimization by ensuring that the appropriate intensity of intervention and monitoring is imposed in accordance with the risk level of the case.
- Provide evidence to make informed decisions within the criminal justice system (e.g., bail hearings, peace bonds, sentencing and release decisions).
- Systematically inform and build upon safety planning for the victim.
- Provide a common language on risk for professionals across different systems and organizations
- Target the highest risk cases for prevention interventions, offering a proactive rather than reactive response to IPV to the cases most in need of this response.

### **EXAMPLES OF IPV RISK ASSESSMENT TOOLS (RETTENBERGER & EHER, 2013):**

- Spousal Assault Risk Assessment (SARA)
- Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)
- Ontario Domestic Assault Risk Assessment (ODARA)
- Domestic Violence Risk Appraisal Guide (DVRAG)
- Domestic Violence Screening Instrument (DVSI)
- Dangerous Assessment (DA)

The following sections of this document provide summaries of the most commonly used IPV risk screening instruments designed for use by front-line professionals, including the B-SAFER, the ODARA, and the Dangerous Assessment. These instruments can be used by frontline professionals to estimate a victim or perpetrator’s risk of future IPV, and inform decision-making and planning with regard to reducing this risk. A summary of the strengths and weakness of these three risk measures can be found in the Appendix.

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## Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

### Purpose and Development of the B-SAFER

- The B-SAFER (Kropp, Hart, & Belfrage, 2005, 2010) is a structured risk assessment instrument designed to identify men who are at risk for intimate partner violence. Development of the B-SAFER stems from efforts to improve field risk assessments of spousal violence, and was constructed specifically for police officer use because of their role as frontline responders for domestic abuse incidents.
- The B-SAFER is a condensed version of the Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1994). Although studies have demonstrated the utility and validity of the SARA (Belfrage et al., 2012; Williams & Houghton, 2004), the SARA has two practical limitations. First, scoring the SARA requires that police officers have to make judgements about the perpetrator's mental health. Notably, these judgements require detailed clinical information that is not readily available to police officers at the time of the incident. Further, police officers do not have the necessary educational training required to make clinical judgments. Second, the SARA is lengthy and time consuming for police officers to complete, who often work under time constraints.
- Recognizing these limitations, the developers of the SARA modified the SARA to simplify it for police officer use in the field and formed the B-SAFER. Changes were made to the three mental health items from the SARA, which were merged into one item. In addition, the 20 items of the SARA were reduced to 10 items in the B-SAFER.

### Structure of the B-SAFER

- The B-SAFER consists of 10 items that are divided into two subsections. The first subsection, *Perpetrator Risk Factors* (i.e., items 1 to 5, see below), taps into the perpetrator's history of intimate partner violence. The second subsection, *Psychosocial Adjustment* (i.e., items 6 to 10, see below), assesses psychological and social functioning variables that still bear some relationship with general violence risk. Within each subsection there is an option to note an additional risk consideration that the assessor believes may be important to a particular case, but which is not adequately captured by the existing items.
- Each item is scored twice, once based on the current situation (i.e., past four weeks up to the current incident) and once based on past history (i.e., time period previous to the past four weeks). Each rating is made on the following scale:
  - N = the risk factor is definitely absent
  - ? = uncertain; the risk factor is partially present
  - Y = the risk factor is definitely present.
- Unlike other risk instruments that produce a total score and/or subsection scores, the B-SAFER was not designed to produce formal risk scores. Rather, its purpose is to guide and structure an assessor's decision-making regarding a perpetrator's future intimate partner violence risk through evaluation of risk factors that are empirically associated with spousal violence.

- The 10 items that make up the B-SAFER were chosen after a review of the extant spousal violence and risk assessment research literature and are as follows:
  1. Violent acts: research has shown that having a history of violent and/or sexually assaultive behavior within intimate relationships is a potent risk factor for future intimate partner violence
  2. Violent threats or thoughts: men who make threats of death or bodily harm towards their partner, with or without a weapon, are at increased risk for future violent behavior. This risk factor also includes harassment or stalking behavior.
  3. Escalation: this risk factor captures a recent increase in the frequency and severity of assaultive behavior within the context of the relationship, and may also suggest that there is imminent risk for violence.
  4. Violation of court orders: noncompliance with civil or criminal court “no contact” orders may be reflective of a general antisocial orientation, which is an indicator of risk for intimate partner violence.
  5. Violent attitudes: beliefs, attitudes, and rationalizations that support abusive and controlling behavior may increase risk of violence in relationships. Further, violent attitudes may be rooted in sexual jealousy, as well as misogynistic and patriarchal views.
  6. General criminality: a history of violent behavior that is *not* necessarily directed at an intimate partner, as well as general (i.e., nonviolent) criminality, are both risk factors for future violence.
  7. Intimate relationship problems: marital conflict and dissatisfaction, frequent break ups, infidelity, as well as a recent separation or divorce has been associated with risk for intimate partner violence.
  8. Employments problems: research has found that a lack of stable and long-term employment, poor job performance, and financial difficulties may increase risk for violence. Work-related anger and frustration may be displaced on family members.
  9. Substance use problems: alcohol and drug use has been found to be one of the most robust risk factors for intimate partner violence. Use of substances may be related to violence by impairing judgment, decreasing inhibitions and impulse control, as well as increasing conflict and argument.
  10. Mental health problems: although the presence of mental disorder is generally not regarded as a risk factor for violence, certain symptoms across mental disorders (e.g., emotional dysregulation, impulsivity, threat/control-override delusions, and suicidality) have been found to increase risk for violent behavior.
- Once all items are scored, the assessor is asked to make a conclusion about whether they believe the perpetrator is at low, moderate, or high risk for future intimate partner violence. This risk rating is made under the assumption that no intervention efforts are made to reduce the perpetrator’s risk. Three risk ratings are required; long-term risk (i.e., beyond 2 months), short-term or imminent risk (i.e., within the next 2 months), and risk for serious life-threatening harm.
- In addition to the risk ratings, the B-SAFER contains a section that allows the assessor to make several risk management recommendations. The assessor may indicate management strategies regarding monitoring/surveillance for the perpetrator or suspect, control/supervision strategies for the perpetrator, assessment/treatment strategies, or victim safety planning for the victim.

- The B-SAFER was adopted by the RCMP and the Fredericton Police Force in New Brunswick and the Domestic Violence Court in Moncton as a means of identifying higher risk cases. It is also used by police in British Columbia (Millar, 2009).

### Strengths and Weaknesses of the B-SAFER

- An advantage of the B-SAFER is that it has been developed specifically for police officers. The original B-SAFER development pilot studies (Kropp et al., 2005, 2010) were conducted with police officers, and results indicated that they found the B-SAFER easy to use and helped them make informed risk assessment decisions.
- At the present moment, the B-SAFER has a limited research base, but studies are beginning to emerge. For example, one study found that since implementing the B-SAFER, police officers have become more structured and standardized in how they approach intimate partner violence cases and have a better understanding of risk factors and the importance of risk assessment (Belfrage, 2008). Other studies have found evidence for the B-SAFER's predictive validity (AUC = .70 to .72), that is, the extent to which the B-SAFER risk ratings are associated with future intimate partner violence, future incidents of physical assault, but not the level of injury incurred by the victim (Au, Cheung, Kropp, Yuk-chung, Lam, & Sung, 2008; de Ruiter, de Jong, Reus, & Thijssen, 2008; Thijssen & de Ruiter, 2011). However, these findings are not consistent. One recent study (Belfrage & Strand, 2012) found that cases assessed as high risk by B-SAFER did not necessarily have higher a violent recidivism rate than low or medium risk cases. Nonetheless, Kropp and colleagues (2005) found a strong positive association between the B-SAFER risk ratings and recommended risk management strategies used in response to the rating. Thus, more risk management strategies were recommended for perpetrators identified as high risk relative to perpetrators identified as low risk.
- Due to the fact that most intimate partner violence is conducted by males towards their female partners, it comes as no surprise that almost all research on the B-SAFER has been conducted with male perpetrator samples. There is a dearth of research examining the B-SAFER with female perpetrators, or within the context of same-sex relationships. Generalizing the available research findings to these other groups should be made with caution.
- One advantage of the B-SAFER is the inclusion of both static (i.e., historical, unchanging) and dynamic (i.e., potentially changeable) risk factors. Almost each item can be conceptualized as either static or dynamic through the current ratings or the past history ratings. Thus, there is potential for the B-SAFER to capture a fixed baseline level of risk through the past history rating, and more time-varying risk through the current rating, which may theoretically capture changes in risk over the course of weeks, months, or years.

#### WHAT IS AN AUC?

An AUC (Area Under the Curve) statistic is an index of the overall discriminating power of a test. An AUC value of 1.0 represents perfect prediction, and an AUC of .50 equals chance prediction. AUC values less than .50 indicate that the test has no predictive utility (Rice & Harris, 2005). For example, an AUC value of .65 would be interpreted as there being a 65% chance that a randomly selected IPV recidivist would score higher than a randomly selected IPV nonrecidivist

- The B-SAFER is a SPJ instrument, and research has revealed that the SPJ approach is just as valid as the actuarial-based approach, but with the added advantage of being more informative to decision-making and case management. However, some police officers are somewhat uncomfortable with the SPJ approach to risk assessment and prefer actuarial approaches due to the more concrete decision protocols, rather than having to make "judgments and assumptions" (Kropp et al., 2005; p. 17; Moser, 2012).
- Lastly, the B-SAFER has an advantage of being short and requiring less expertise for mental health judgments. Nevertheless, some of the items (i.e., violent attitudes, employment, mental health problems) still require access to information that is not immediately available to police officers in order to score them. This may be particularly true for first-contact cases or cases where little to no documented information is available.

In conclusion, the B-SAFER is an empirically supported risk assessment instrument for estimating the likelihood that an individual will engage in future IPV incidents. It is a structured professional judgment-based measure, and depends on the administrators' judgment to inform the decision about risk level. With sufficient training, these judgments can be as accurate as score-based risk assessment for IPV.

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## Ontario Domestic Assault Risk Assessment (ODARA)

### WHAT IS THE ODARA?

- In response to several Ontario-based cases of intimate partner violence that resulted in death, the ODARA was developed by Hilton and her colleagues (2004) in consultation with the Ontario Provincial Police to inform police officers' decision-making with regards to how best to respond to an IPV situation and reduce the risk of future violence (Hilton, Harris, & Rice, 2010).
- The ODARA is a score-based risk assessment instrument developed for use by police and is designed to be scored based on information typically available to police officers. Risk factors selected for inclusion in the ODARA have been established in the research literature as strongly predictive of subsequent IPV among male offenders convicted of spousal violence against their female partners (Hilton et al., 2010).

### STRUCTURE OF THE ODARA

- The ODARA consists of 13 items that cover the following areas of risk factors:
  - **Police and criminal record information** (prior domestic violence incident, history of non-domestic incident, prior sentence of 30 days or more, previous breach of any type of conditional release or court orders)
  - **Index incident factors** (made threats to harm/kill, confinement of the partner, victim fears repeat incidents)
  - **Relationship context** (victim and/or offender have more than one child, victim has biological children from previous relationships)
  - **Assault history** (offender is violent outside of the relationship, offender has assaulted victim when she was pregnant)
  - **Indications of substance abuse problem**
  - **Barriers to victim support**
- Each item is scored as either “Yes” (i.e., present; score = 1) or “No” (i.e., not present; score = 0). These scores are based on known information about the case and the current situation triggering the risk assessment screening (e.g., review of criminal record, prior calls for service and police reports, information gathered on scene from victim and suspect and other witnesses).
- Up to 5 items can be omitted due to insufficient or unknown information without significantly jeopardizing the risk prediction estimate and invalidating the final risk rating.
- Individual risk item scores are summed to create a total risk score. Generally, the higher the risk score, then higher the perpetrator's risk of future intimate partner violence. The developers of the ODARA have created risk level categories based on this total score. These categories were created based on statistical analyses that best discriminated between lower and higher risk groups. A “low risk” offender would score between 0 and 2, a “moderate risk” offender would score between 3 and 6, and a “high risk” would score 7 or higher.

- The ODARA has been adopted for use by police forces in such provinces as Nova Scotia, Saskatchewan (police-based victims services) and Ontario, and is used by the New Brunswick Department of Public Safety Correctional Services and correctional services in other provinces (Millar, 2009).

## STRENGTHS

- Formal clinical training is not required to administer the ODARA, but training on the tool and how to use it properly is required.
- Uses information routinely collected by the police at an incident of IPV, which makes it user-friendly and time-efficient as additional collateral information beyond that typically available to police is not required (Hilton & Harris, 2009).
- The time commitment to score the ODARA is minimal once the necessary information has been gathered to score the risk items. Trained officers are taught to seek information relevant to scoring the ODARA, but most of this information is usually obtained during standard police practice.
- The ODARA has fairly strong predictive validity in adult male perpetrators of IPV. Hilton, Harris, Popham and Lang (2010) conducted the first study on the predictive validity of the ODARA in a sample of 150 incarcerated male domestic violent offenders from Ontario, Canada. They found that the ODARA predicted domestic violence recidivism (AUC = .64) significantly better than a general recidivism risk assessment tool. These results were similar to Rettenberger and Eher (2013), who found a moderate to high predictive validity (AUC = .71 for future domestic violence incidents in a sample of Austrian offenders. In New Brunswick, Moser (2012) found that the ODARA also had fairly strong predictive validity based on a sample of cases drawn from domestic dispute calls for service in the city of Saint John (AUC = .70). Specifically, 62% of ODARA identified high risk perpetrators re-offended within 5 years after the initial call for police service, relative to 40% of moderate risk perpetrators, and 16% of low risk perpetrators.
- In addition to estimating the likelihood that an individual will commit another incident of IPV, Hilton et al. (2010) found that the ODARA significantly predicted the severity of subsequent IPV incidents and the duration of time prior to the next incident. Moser (2012) found that the ODARA did not predict the severity of injury suffered by the victim, but did find that the ODARA risk level was related to the amount of violence attempted by the perpetrator. Like Hilton et al., Moser also found that high risk perpetrators tended to re-offend at a faster rate than lower risk perpetrators over a 5 year period.
- The ODARA also has been found to moderately predict general violence and criminal recidivism (AUCs = .69 and .66, respectively; Rettenberger & Eher, 2013).
- The ODARA can be used with perpetrators of IPV, regardless of whether formal charges or convictions have been made against the individual for IPV (Moser, 2012).

Information about ODARA Training is available through the Waypoint Centre for Mental Health Care. Training can include workshops, as well as online training modules.

- Additional research and practical use information about the ODARA can be found at the website for the Waypoint Centre for Mental Health Care (see [http://www.mhpc.on.ca/Site\\_Published/internet/SiteContent.aspx?Body.QueryId=1666](http://www.mhpc.on.ca/Site_Published/internet/SiteContent.aspx?Body.QueryId=1666))

## WEAKNESSES

- Most of the research on the ODARA has focused on couples (or former partners) in which the male had committed the physical assault and a female was the victim. However, Moser (2012) found that the ODARA was moderately predictive of IPV recidivism committed by female perpetrators against their former/current intimate partners (AUC = .67). This statistic represents moderate predictive validity for the ODARA with females, and was not significantly different from that produced for male perpetrators in the same study (AUC = .70). Nevertheless, it should be noted that there was greater variability in the prediction of female recidivism and the sample of female perpetrators was small in size. Although this data suggests that the ODARA may be useful for predicting intimate partner violence by female perpetrators, but additional validity research on its use with females is needed.
- There is no information on the use of the ODARA among same-sex couples. Generalizing the ODARA findings to these contexts should be made with caution until sufficient data is available about the tool's validity among same-sex couples.
- ODARA risk items are scored as present or absent only, which means that there is no way to reflect the severity of any of the identified risk factors. Each item is equally weighted in the risk calculation, which means that there is no way to place greater emphasis on particularly salient risk factors in a given risk situation. The ODARA also lacks items that relate to serious antisocial and psychopathic personality characteristics, which are established predictors of IPV (Dutton, 2002; Huss, & Langhinrichsen-Rohling, 2000; Swogger, Walsh, & Kosson, 2007). Although Rettenberg and Eher (2013) recently argued that items on the ODARA do sufficiently assess antisocial/psychopathic traits as it currently exists, Moser (2012) found that adding one item to capture the degree of antisocial/psychopathic personality traits present as ascertained only from police narratives of the incident substantially enhanced the predictive accuracy of the ODARA (AUC = .80 for male perpetrators and AUC = .85 for female perpetrators). Adding a risk item based on a formal psychological measure of psychopathy slightly enhanced the predictive validity of the ODARA (Hilton, Harris, Rice, Houghton, & Eke, 2008), but clinical training is required to administer this particular measure of psychopathy and makes this revision inappropriate for police officers. Thus, additional research on how best to capture psychopathic traits in the context of IPV risk prediction is required for the ODARA and front-line IPV risk tools.
- The ODARA does not appear to be sensitive to changes in risk overtime (Moser, 2012). Risk can change as a result of intervention, passage of time, and changing contexts. Many of the risk factors identified on the ODARA are static in nature (i.e., based on past behaviour), and will not significantly change over time other than to become "present" and increase a risk score. Thus, the ODARA may be best conceptualized as a risk screening instrument that provides a baseline level of risk, but will be less helpful for identifying targets for change to reduce this risk. Nonetheless, knowledge about the baseline level of risk can inform decision-making about monitoring and supervision intensity, and safety planning for victims when a short-term response is required.

- Although the ODARA reliably predicts future IPV incidents beyond chance accuracy, and can identify individuals who may be more likely to offend more quickly than others, the ODARA total risk score cannot discriminate imminent risk of IPV (next 24-48 hours) from shorter-term (e.g., next 6 months) or long-term risk (e.g., next year or more) for an individual case. It can only estimate the likelihood that another event will occur at some time in the future.

In conclusion, the ODARA is an empirically supported score-based risk instrument for IPV specifically intended to provide front-line personnel (e.g., police officers) with a time-efficient and simple actuarial tool that can assist them with decision-making about how to best respond to a situation and prevent future intimate partner violence. It seems appropriate for this purpose, but is less likely to be useful for intervention planning to address the behaviour given it's predominately static risk factor basis.

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## The Danger Assessment

The Danger Assessment (DA) was originally developed by Campbell (1986) to assess women's risk of becoming a victim of intimate partner homicide (IPH) in an abusive relationship. The most current version of the DA (Campbell et al., 2003) contains 20 yes/no questions that cover six areas of IPH risk:

- Socio-demographics (e.g., perpetrator's employment status),
- Relationship variables (e.g., separated in the past year),
- Abuse dynamic (e.g., controlling behavior),
- Characteristics of physical violence (e.g., choking),
- General violence/homicide risk factors (e.g., violent outside home),
- Incidence level risk factors (e.g., access to firearms).

These items were selected based on their association with lethal outcomes of physical abuse. Women who were victims of actual or attempted IPH were more likely to have these risk factors present in their relationship than were non-lethal IPV victims and non-abused women.

When properly conducted, the DA assessment consists of two parts that take approximately 20 minutes each to complete. First, the victim is asked to mark the approximated dates of violent incidences on a calendar of the last year, and rate the severity of the assaults on a scale of 1 to 5 (1 = slap, pushing, no injuries, and/or lasting pain through; 5 = use of weapon, wounds from weapon). This process has been shown to reduce minimization of IPV by the victim, and increase the accuracy of the assessment (Campbell, 1995). The second part of the assessment is to complete the 20-item instrument, which can be filled out by either the victim or the interviewer. The instrument is scored using an algorithm that gives items with higher predictive power more weight in the total score. The highest possible score is 39. Victims of IPV are placed into four categories based on their total score, according to following scale:

- a. Score ranging from 0-7: variable danger;
- b. Score ranging from 9-13: increased danger;
- c. Score ranging from 14-17: severe danger;
- d. Score of 18+: extreme danger.

The labeling of the categories was meant to convey the dynamic nature of IPH risk, and encourage even low risk individuals to take precaution against potentially lethal IPV (Campbell, Webster, & Glass, 2009).

**Training materials and certification for administrating the DA are available through its official website (<http://www.dangerassessment.com>). The training should take about 80 minutes to complete. Dr. Jacquelyn Campbell also provides live training for groups.**

According to the promotional materials found on the official website of the DA, some charitable organizations and government agencies in the U.S. (e.g., shelters, victims services) have adopted this instrument as the standard information gathering tool for their domestic violence prevention programs. In Canada, the Nova Scotia Department of Justice has adopted the DA for the classification of high risk victims and as a trigger mechanism for intensive risk management protocol. Similarly, the Domestic Violence Outreach service in New Brunswick uses this tool to

inform safety planning and case management with female victims of IPV. The tool is also used in Nova Scotia by shelters, victim services, and child protection services.

A four-item short form of the DA, called Lethality Assessment, was developed to be used by first responders of domestic violence calls. Women who are identified as at high risk of being killed by their partner/ex-partner are encouraged to speak to a professional domestic violence counselor and seek further intervention for their situation.

### ***Predicting IPV Using the DA***

Research has demonstrated that the DA can be used to differentiate victims of IPH (actual or attempted) from victims of non-lethal physical abuse. It can also discriminate abused women from non-abused women. It is a better predictor of severe physical abuse than the victims' own perception of danger (Campbell, 2005). Even when the DA was completed using information extracted from file records instead of victim interview, and when using the unweighted risk item total score, it was still a significant predictor of IPV recidivism (Hilton, Harris, Rice, Houghton, & Eke, 2008); although the prediction was not as accurate as other risk instruments, such as the ODARA.

One recent study that compared the predictive validity of various IPV risk assessment instruments (Messing & Thaller, 2013) ranked DA as the third most predictive tool of IPV recidivism based on the average AUCs values reported in IPV validation studies (average AUC for DA was .62), next to ODARA (average AUC = .67) and SARA (average AUC = .63). This effect size value is considered small for predicting the general outcome of IPV recidivism. However, the DA was developed specifically for assessing IPH risk and studies tend to report stronger predictive validity associations when the outcome being predicted was severe IPV or femicide. For instance, Campbell et al. (2009) reported an AUC of .916 for predicting the specific outcome of attempted femicide, which is a very large effect size and suggests strong predictive power for that context.

***RELIABILITY OF THE DA***

The internal consistency of the DA is acceptable, ranging from .74 to .80 across studies. The test-retest reliability is fairly high, ranging from .89 to .94 (Campbell, O'Sullivan, Roehl, & Webster, 2005). This research suggests that the DA is a reliable measurement instrument.

Using only five of the DA items, Snider, Webster, O'Sullivan, and Campbell (2009) developed a brief risk assessment for IPV victims who visited the emergency department in a hospital. Even this brief assessment was a fairly strong predictor (AUC = .79) of serious and potentially life threatening injuries sustained by the victims as a result of subsequent IPV in a 9 month follow-up period.

A revised version of the DA was created to assess the risk of IPV in female same sex relationships. This 18-item instrument was found to be predictive of threats and actual acts of violence within one month following the assessment (Glass et al. 2008).

### ***Strengths***

- A wide range of predictors was used in the development of the DA, and the interview procedure was designed to minimize memory biases of the victim. These procedures make

the DA a potentially more comprehensive assessment than that offered by the ODARA and B-SAFER, which focus primarily on the perpetrator of IPV rather than the victim. Thus, the DA is the only risk tool that focuses on the victim. No research has compared the predictive utility of combining the DA with a perpetrator focused IPV risk instrument. Thus, it is unclear as to what degree prediction and case management can be improved by completing more than one tool.

- The DA was designed to be user-friendly to victims, who can complete the instrument on their own following the instructions.
- The DA emphasizes the dynamic nature of IPV risk, and encourages victims of IPV to seek help. Some items in the DA are dynamic risk/need factors related to the perpetrator's risk of violent recidivism (e.g., employment, attitude toward IPV).
- The DA may help professionals identify and focus on high risk cases when resources are limited.
- Items on the DA are differentially weighted according to their predictive power, which means individuals with few, but highly weighted risk factors could receive a higher risk score than individuals with a greater number of lower weighted risk factors.

### **Weaknesses**

- Given that the DA was developed to assess the risk of IPH rather than general IPV, some items (e.g., access to firearms) may only be relevant to the risk of lethality and not to the risk of IPV in general. Hilton, Harris, Rice, Lang, and Cormier (2004) also argued that some items in the DA are not good predictors of IPV. For instance, suicidal attempts are often a consequence of IPV rather than a predictor of it. Items like this may limit the DA's predictive ability for non-lethal IPV.
- Proper administration of the DA takes a relatively long time (i.e., 40 minutes), which can be a barrier for victim to be assessed and a time and resource-limited evaluator. However, conducting preliminary screening using the short form Lethality Assessment or the five item form proposed by Snider et al. (2009) may increase efficiency.
- Validation of the DA in Canadian populations has been done using information extracted only from case records, which is not the recommended method of completing the DA assessment. In addition, only the older 15-item version (Campbell, 1986) was used in these studies. Therefore, validation studies using the most up-to-date version of the DA and the recommended interview procedure need to be conducted in Canada before firm conclusions can be made regarding its predictive ability in this population, and Atlantic Canada in particular.

In conclusion, the DA appears to be a viable instrument for use with victims of IPV to evaluate their risk of further violence and can guide safety planning with these victims and their families.

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## Appendix

The following table contains a summary of the known characteristics of the B-SAFER, ODARA, and Danger Assessment based on a review of the research literature. This table is not an exhaustive summary of this research base, but does provide a quick reference to highlight what is generally currently known about these risk instruments in terms of their purpose, function, and predictive power.

Characteristic	B-SAFER	ODARA	The Danger Assessment
<b>PURPOSE OF THE INSTRUMENT</b>	<p>Predicting perpetrator IPV behaviour to inform response to the case (e.g., monitoring, victim safety planning, release decisions)</p> <p>Flag cases for further assessment and service</p> <p>Identifies preliminary areas for intervention to reduce risk</p>	<p>Predicting perpetrator IPV behaviour to inform response to the case (e.g., monitoring, victim safety planning, release decisions)</p> <p>Flag cases for further assessment and service</p> <p>Cannot be used to identify criminogenic needs associated with risk or inform treatment</p>	<p>Focuses on predicting lethality risk to the victim and safety planning</p> <p>Flag cases for further intervention and service</p>
<b>INSTRUMENT STRUCTURE</b>	<p>10 risk items</p> <p>Scored as Definitely Absent, Uncertain/partial, or Definitely Present</p> <p>SPJ-based → weight of individual risk items to the risk predictive is judged by the evaluator</p>	<p>13 risk items</p> <p>Scored as Yes or No</p> <p>Score-based → All items given equal weight in scoring</p>	<p>20 risk items + ratings of severity of violence in the past 12 months</p> <p>Scored as At Risk or Not At Risk</p> <p>Score Based → Items are already differentially weighted by developers to put greater emphasis on the more strongly predictive items</p>
<b>BASIS FOR RISK JUDGMENT</b>	<p>Low, Moderate, High Risk Categories</p> <p>Based on Structured Professional Judgment after reviewing risk factors (no score)</p>	<p>Low, Moderate, High Risk Categories</p> <p>Based on a Total Score</p>	<p>Variable Danger, Increased Danger, Severe Danger, Extreme Danger Categories</p> <p>Based on Total Score</p>

Characteristic	B-SAFER	ODARA	The Danger Assessment
<b>SOURCE OF INFORMATION TO SCORE RISK ITEMS</b>	Police records and information gathered in investigation  Has an interview protocol to facilitate information gathering relevant to IPV	Police records and information gathered in investigation	Information provided by the victim via an interview and other available case knowledge
<b>TIME TO ADMINISTER</b>	Unspecified, but described as time efficient	Unspecified, but described as time efficient	40 minutes (two sections, 20 minutes each)
<b>SENSITIVE TO CHANGES IN RISK</b>	Yes  Inclusion of dynamic items gives it the potential to be sensitive to changes in risk	No  Not sensitive to changes in risk because of dominance of static risk items. Can be used to assign a baseline risk level	Yes  Inclusion of dynamic items gives it the potential to be sensitive to changes in risk
<b>PREDICTION OF IPV COMMITTED BY ADULT MALES</b>	Moderate <sup>1</sup> predictive validity for subsequent IPV incident (AUC = .70-.72)  Capacity to predict lethality as an outcome has not been assessed	Moderate predictive validity for subsequent IPV incident (AUC = .67-.70)  Capacity to predict lethality as an outcome has not been assessed	Moderate predictive validity for subsequent victimization by IPV (AUC = .62)  Designed to predict the victim's risk of lethality and predicts subsequent non-lethal IPV  Does not directly assess perpetrator's IPV risk
<b>PREDICTION OF IPV COMMITTED BY ADULT FEMALES</b>	unknown	Preliminary Only - research suggests moderate predictive validity (AUC = .67), but more data needed	unknown

<sup>1</sup> Most of the well-established risk instruments used for assessing future violence produce predictive validities in the moderate range (Campbell, French, & Gendreau, 2009). Thus, these predictive validity statistics are consistent with the best tools in the field for their ability to predict future violence. To date, no risk instrument is capable of producing a 100% accurate prediction of future violence. These statistics reflect a moderate to large effect size for predicting future violence.

Characteristic	B-SAFER	ODARA	The Danger Assessment
<b>APPROPRIATE FOR USE WITH SAME SEX COUPLES</b>	Unknown	Unknown	Yes – has a version for same sex couples
<b>TRAINING REQUIRED</b>	Yes	Yes	Yes
<b>DEVELOPED SPECIFICALLY FOR POLICE OFFICERS</b>	Yes	Yes	No, but appropriate for use by police, victims services, and other professionals working with victims of IPV